TO:	The Alabama State of Social Work En PO BOX 301620 Montgomery AL 3	xaminers	
From:	(Name)		-
	(Home Address)		-
	(City, State, Zip Code)		-
	(Area Code and Telephone	Number)	-
l,		pursuant to § 850-X-4-	.03, Administrative
Code, hereby app	oint the Executive S	Secretary of the State B	oard of Social
Work Examiners a	as Agent for the serv	ice of process, if, in an	action against me
in a court of the S	tate of Alabama arisi	ng out of my activities a	is a Licensed or
Certified Social W	orker, the plaintiff ca	nnot, in the exercise of	due diligence,
effect personal se	rvice upon me.		
	derstand that this cor	nsent appointing the Ex	ecutive Secretary
Given this _.	day of	, in the	County of
	_, in the State of		·
		(Signature of Applicant)	